

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000031893 (8)

1. Corporation Name  
THE ORIGINAL BROOKLYN EGG CREAM COMPANY, INC.

Principal Place of Business

4270 NW 19TH AVE  
SUITE D  
POMPANO BEACH FL 33064  
US

Mailing Address

4270 NW 19TH AVE  
SUITE D  
POMPANO BEACH FL 33064  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1994	3a. Date of Last Report 04/01/1996
4. FEI Number 65-0439964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

POSNER, ALAN  
4270 NORTH WEST 19TH AVENUE  
SUITE D  
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREISFELD, MARK	1.2 NAME	
STREET ADDRESS	75 ATWELL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO NY	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNER, ALAN	2.2 NAME	
STREET ADDRESS	198 GREGORY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO NY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

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-08/29/97--01114--002  
\*\*\*165.00 \*\*\*165.00

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-08/29/97

CR2E034 (4/97)



4270 N.W. 19th Avenue, Suite D  
Pompano Beach, Florida 33064  
(954) 969-1600 Fax (954) 969-1632


Annual Reports Filings  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500  
August 22, 1997

Dear Department of State Personnel,

I am writing this letter to explain to you that I am involved with and receive annual reports for five (5) corporations in the state of Florida. I was shocked to receive second notices on two (2) of those five (5) corporations. The other three (3) corporations, The Old Fashioned Syrup Company, The Old Fashioned Egg Cream Company, and Dollar Corporation, were paid on time as we pay everything else. I simply and truthfully did not receive notices at all until receiving a second notice.

My accountant attempted to call to explain this (Dave Peacos, C.P.A. (954)772-4440) but was told it had to be a corporate officer who must call and explain. Hence, I am sending this letter as an appeal to you to not charge me a penalty that I don't feel I justly deserve. Enclosed please find the checks for \$165.00 for each corporation respectively. Thank you very much for your consideration.

Sincerely,



Alan Posner / Secty

JV/AP